Approved For Release 2003/09/10 : CIA-RDP96-00788R001700210035-4

Monroe Institute of Applied Sciences

P.O. Box 57
Afton, Virginia 22920

MEMO FROM ROBERT MONROE

We invite you to participate in a study designed to measure the kinds of changes that take place in people who receive the M-5000 Training. All trainees are being asked to complete four Profile of Adaptation of Life (PAL) Questionnaires - one prior to initial training, and three following training. From these questionnaires, we will be able to determine the kinds of changes that take place in people's adaptation to living over a 12-month follow-up period. Collaborating in this research with me is Dr. Robert Ellsworth, a research psychologist at the Veterans Hospital in Salem, Virginia, who will be sending you the follow-up questionnaires.

The questionnaire that you are asked to complete pertains to some aspects of your adaptation to life and your life style. Because this material is personal, steps have been taken to insure your right to privacy. For example, your name will not appear on the questionnaire, only a code number will be assigned to your questionnaire.

If you agree to participate in the follow-up part of the study, sign and return this form at the same time you send in your questionnaire. Dr. Ellsworth will send you the follow-up PAL Questionnaires for you to complete and return to him. All questionnaires will remain in his research files, and will be destroyed at the end of the study. The results will be reported only by group averages. If you are interested in the results of this study when available, check below.

Your decision to participate in the follow-up study is entirely voluntary on your part. Your participation will help us understand better the effects of the M-5000 training on people's adaptation to life. For this reason, your participation is important to us and greatly appreciated.

I CONSENT TO PARTICIPATE IN THIS STUDY UNDER THE CONDITIONS THAT MY IDENTITY WILL REMAIN ANONYMOUS AND THAT THE RESULTS WILL BE USED FOR RESEARCH PURPOSES ONLY, AND FOR NO OTHER PURPOSE.

Signed _____

Date _____

Name (please print) _____

Address _____

Town and state _____ ZIP

Code # Assigned: _____

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BACKGROUND INFORMATION TO PAL SCALE

From time to time, people become involved in experiences that may change their lives in certain ways. The attached scale provides information on your PROFILE OF ADAPTATION TO LIFE (PAL), and will be used only to measure the effects of our programs over time. The information you provide will remain strictly confidential and the results will be reported in group averages. You, of course, are free not to participate if that is your choice.

Please complete this background information first. Then go on and complete the PAL Scale items themselves. Your participation in this evaluation of our program is very much appreciated.

BACKGROUND INFORMATION:

Name _____ Today's Date _____ 17-22

Street _____ Phone _____

City & State _____ Zip _____

YOUR MARITAL STATUS (Check one)
(1)_____ Currently married
(2)_____ Separated, divorced, widowed
(3)_____ Never married 23

SEX (Check one)
(1)_____ Male (2)_____ Female 24

AGE _____ 25-26

EDUCATION (Check one)
(1)_____ Less than high school
(2)_____ High school graduate
(3)_____ Some college
(4)_____ College graduate
(Type of degree_____) 27

HEIGHT: _____feet _____inches 28-30

WEIGHT: _____pounds 31-32

DO YOU SMOKE CIGARETTES? (Check one)
(1)_____ Not at all
(2)_____ About 1/2 pack per day
(3)_____ About 1 pack per day
(4)_____ Over 1 pack per day 33

HOW MUCH COFFEE DO YOU DRINK EACH DAY? (Check one)
(1)_____ None or rare cup
(2)_____ About 1-2 cups per day
(3)_____ 3-4 cups per day
(4)_____ 5 or more cups per day 34

DO YOU WATCH TV? (Check one)
(1)_____ None or rarely
(2)_____ Less than 1 hour per day
(3)_____ 1-2 hours per day
(4)_____ 3-4 hours per day
(5)_____ 5 or more hours per day 35

AVERAGE HOURS OF SLEEP PER NIGHT (Check one)
(1)_____ 4-5 hours
(2)_____ 5-6 hours
(3)_____ 6-7 hours
(4)_____ 7-8 hours
(5)_____ 8 or more hours 36

OCCUPATION OR PROFESSION: 37

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